

MULTIPLE DEPEN.  
CLM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/57275

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
			IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1												
2								51					
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49								98					
50								99					
TOTAL IND.		↓	2	↓		↓		TOTAL IND.		↓			
TOTAL DEP.		↑	18	↑		↑		TOTAL DEP.		↑			
TOTAL CLAIMS			20					TOTAL CLAIMS					